

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-010783

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

149

Primary Registration District No. 1002

Registrar's No.

1847

FILED APR 16 1962

## 1. PLACE OF DEATH

a. COUNTY Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN Kansas CityLength of stay in 1b  
42 yrs.c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION 18 West 68th TerraceInside Limits  
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Jackson

c. CITY OR TOWN Kansas City

Inside Limits  
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)  
18 West 68th TerraceReside on Farm  
Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)First Middle Last  
Donald C. Bollard Sr.4. DATE OF DEATH Month Day Year  
April 1 19625. SEX  
Male6. COLOR OR RACE  
White7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐8. DATE OF BIRTH  
Sept. 1, 1885 769. AGE (last birthday) IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
Architect

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)  
Omaha, Nebraska12. CITIZEN OF WHAT COUNTRY  
U. S. A.

## 13a. FATHER'S NAME

Herbert H. Bollard

## 13b. MOTHER'S MAIDEN NAME

Jennie Chamberlin

## 14. NAME OF HUSBAND OR WIFE

Lucile Bollard

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)  
No

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

## Address

Lucile Bollard, 18 W. 68th Terr.

18. CAUSE OF DEATH (Enter only one cause per line  
PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Arteriosclerotic heart disease

## INTERVAL BETWEEN ONSET AND DEATH

3 yrs

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

## DUE TO (b)

## DUE TO (c)

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒20a. ACCIDENT SUICIDE HOMICIDE  
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐  
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Sept. 1, 1959 to April 1, 1962 and last saw him alive on 3/24/62  
Death occurred at 8:00 AM m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22. SIGNATURE

(Degree or title)

Edw. H. Fischer M.D.

## 22b. ADDRESS

306 E 21st NKC 16 MO

## 22c. DATE SIGNED

4/2/62

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

## 23b. DATE

4-4-62

## 23c. NAME OF CEMETERY OR CREMATORY

Memorial Park Cem.

## 23d. LOCATION (City, town, or county)

Kansas City, Missouri

## 24. FUNERAL DIRECTOR

## ADDRESS

Stine &amp; McClure, Kansas City, Mo.

## 25. DATE RECD. BY LOCAL REG.

4-3-62

## 26. REGISTRAR'S SIGNATURE

Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF  
Edw. H. FischerVS 300  
Rev. 4/59.

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13

1290-0

94200

Shrine & Co. Chicago  
NS 1-7777

Dr. Fischer  
will sign of Society of  
Feb 21 1900.  
Dec 1-2740  
Till 12:00

# STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed J. L. Walton

Licensed Embalmer No. 2744

P. O. Address K.C. 2nd

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.